

# Intent to Apply Form for 2017-18 Kentucky AmeriCorps Grants

Kentucky Commission on Community Volunteerism and Service (KCCVS)

Email completed form to [shannon.ramsey@ky.gov](mailto:shannon.ramsey@ky.gov) by **October 15, 2016**.

☐ Recompeting applicant

☐ New applicant\*

**All applicants** -- including those currently, recently, or never funded with AmeriCorps funds -- must provide KCCVS with a copy of reports and findings from single audits performed under OMB Circular A-133 and findings of any other available audits (if expended \$750,000 or more in total federal funds in your organization's last fiscal year) **or** a copy of your most recent financial statement review via email **by October 31, 2016**.

\*New applicants must also complete the **Organization Readiness Assessment**, available on the [Kentucky AmeriCorps Grant Information webpage](#), and submit with the Intent to Apply Form.

## 1. Program Information:

Proposed Program Name: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Name of Applicant Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Website address: \_\_\_\_\_

## 2. Indicate the CNCS Service [Focus Area\(s\)](#) to be addressed:

- ☐ Disaster Services
- ☐ Economic Opportunity
- ☐ Education
- ☐ Environmental Stewardship
- ☐ Healthy Futures
- ☐ Veterans and Military Families
- ☐ Capacity Building
- ☐ Other (please explain) \_\_\_\_\_

## 3. Estimated AmeriCorps member positions to be requested?

STIPEND (LIVING ALLOWANCE THROUGH GRANT)	POSITION TYPE	EDUCATION AWARD ONLY (NO LIVING ALLOWANCE THROUGH GRANT)
	FULL TIME (1,700 HOURS)	
	HALF TIME (900 HOURS)	
	REDUCED HALF TIME (675 HOURS)	
	QUARTER TIME (450 HOURS)	
	MINIMUM TIME (300 HOURS)	

## 4. Estimated federal funds to be requested: Example: 20 MSYs x \$13,830 = \$276,600

For more information, see the Maximum Cost per Member Service Year (MSY) section in the NOFO.)

## 5. Anticipated source(s) of required subgrantee share/match:

**New Applicants must answer the additional questions below.**

**6. Type of Applicant:** Nonprofit, State or Local Government, etc.

**7. Geographic Area(s) to be served:** (city/town, county, etc.)

**8. U.S. Congressional District to be served:** \_\_\_\_\_

**9. Who will benefit from this proposed program's activities?** children, veterans, homeless, etc.

**10. Please list federal grant funds previously (or currently) administered by your organization:**

YEAR	FEDERAL AGENCY	FEDERAL DOLLARS RECEIVED

**11. Mission Statement of Organization:**

**12. Mission Statement for proposed AmeriCorps program:**

**13. Briefly describe:**

- The need to be addressed by this proposed AmeriCorps program.
- Activities AmeriCorps members will perform in order to address that need.
- Why AmeriCorps members are a highly effective means to solve the community needs your program proposes to address.

If you have any questions, please contact Shannon Ramsey at 502-564-7420, ext. 3841 or email [shannon.ramsey@ky.gov](mailto:shannon.ramsey@ky.gov).